| Disclosure Report Cover  Use this form for general report and committee information, finish be signed, sind submitted along with other detailed forms. Do not use this form to update information.  Edininging information  a. Pal Name  C. ID Number  C. LONgumber  C. Long |  |  |  |  | ٢                                 | rcO III   | GW.  |  |                                    | CAR   |
|--|--|--|--|--|-----------------------------------|---|--|--|------------------------------------|---|
| Do not use this form to update information.   Committee (Information)  | <b>T</b>   | ~ 4.G  | •  | ·  | CEN                               |   | -  | Amendr   | ent                                | economical and a second   |
| Do not use this form to update information.   Committee (Information)  | Disclosure Use this form for   | Report Co  | ver and committee in   | nformation   | must be signed                    | d ahd submitt   | ted alor   | Yes ng with other                                | detailed f                         | No<br>forms.  |
| A Mailing Address (Include City, State and Zip Code)  3 SHAOGU DALL LHAMAGE PARK NC 35337  2 Report Year 3, Period Start Data (monday) 4, Period End Data (monday) 5, Tressurer, Full Name  3 A) 9 (35) 9 (10) 4, Period End Data (monday) 5, Tressurer, Full Name  3 A) 9 (25) 9 (10) 4, Period End Data (monday) 6, Period End Data (monday) 6, Period End Data (monday) 7, Period End Data (monday) 7, Period End Data (monday) 8, Period End Data (monday) 9,  | Do not use this  | form to update in  | nformation.  |  | 47.                               |   | <del>V</del>   |  |                                    | - 120 · *   |
| Committee   Check One  |  |  |  |  | Principles Services               | OKY   | A Company of the Comp | c. ID Number                                     |                                    | k delik operanje  |
| 10   22   19   P. Period Number   President End Date (manually)   S. Period End Date (manually)   S. Treasurer Pull Name   Party   President End Date (manually)   S. Treasurer Pull Name   Party   President End Date (manually)   S. Treasurer Pull Name   Party   President End Date (manually)   S. Treasurer Pull Name   Party   President End Date (manually)   S. Treasurer Pull Name   Party   President End Date (Party of Party of Party of Party of Party of Party of Party   President End Date (Party of Party of Par   | P.16.10 12   | CONTIDEN 1   | 5.0  |  | 01                                | J. J.   |  |  |                                    |   |
| Committee   Check One  | b. Mailing Address   | S (include City, Sta   | te and Zip Code)   | No Co  | ungs-                             | F   | +.5  | d. Date Filed                                    |                                    | . 5 5   |
| 2 Report Year 3. Period Start Date (mandaly) 3. Period Entit Date (mandaly) 5. Treasurer Full Name  2 dat q   q   start   q   q   start   q   q   q   q   q   q   q   q   q  | **************************************   | A francisco  |  |  |                                   | <u> </u>  |  | <del>                                     </del> | 2/19                               | ***   |
| Action   Part    | 12 E   | i avi i Agrici gji s   | e na esta esta esta esta esta esta esta est  | en e   | ·<br>1 Jan Her                    | · v · v · · ·   | 2 L  | <del></del>                                      | ber                                |   |
| Action   Part    | 3 SHADU  | & DRWE W   | HISPERING  | PINES.   | NC 25                             | 327   | · - V J  | 960 6.   | 88 71.                             | 24  |
| Committee (Click One)  | 2. Report Year   | 3. Period Star   | t Date (mm/dd/yy)  | 4. Period I  | End Date (mm                      | /ad/yy) 5. Ti   | reasure  |  |                                    | Program   |
| Committee (Click One)  | 2019   | 9/25/  | 19   | 10/  | 21/19                             | ما في ا   | GNN,   | RERNHA   | RÐ                                 |   |
| Candidate Campaign   | 6. Type of Com   |  |  | Type of Rep  | oort (check o                     | nly one type  |  | rt from one o                                    |                                    | <u> </u>  |
| Independent Expenditure   Joint Fundraiser   Thirty-five day   Charterly   Pro-referendum   | Candidate Carr   | npaign 🔲 Par   | rty <b>Mu</b>  | unicipal   | State/                            | /County   |  | Referendum                                       |                                    | <u> </u>  |
| Legal Expense Fund   | ! <b>==</b>  | _  | 155  |  |                                   | _   |  | I <b>=</b>                                       |                                    | -   |
| Pre-election   | _ "  | _  | it Fundraise:  | - '  | <sup>iy</sup>  `                  |   |  |  | noun                               | No. of  |
| Booster Fund     Semi-annual   Fourth   Semi-annual   Se   |  |  | <b>Z</b>   | Pre-election   |                                   |   |  | Suppleme   | ental Final                        |   |
| Building Fund   Year End   Semi-annual Year End   Year End   Wid Year Year End   Special   Final   Final   Special   Final   Final   Special   Final   F   | The state of the s | $\mathbf{d}\sim \overline{g}$ applicable   | check one)   | # 8 1 1 1 1 5 5 F 4 1 T  |                                   |   | 1.18   | 3  |                                    |   |
| Other:   Sanumber of Fundraisers this Report   Special   |  | ing and the second   |  | <u>B</u> UDATE TERRET  | ي كإ                              | or or the second of the first   |  | Special  | was in                             |   |
| Second   Final   Fin   | Dunumb   | Marin Toronto  | li   | Barrio de la sectión de la | <u> </u>                          | A STATE OF STATE  |  | 10. Special                                      | Report N                           | lame  |
| Special   Spec   |  |  |  |  |                                   | 1 2 4 2 2 2 2   |  |  | Frank Francisco                    | Thirty bridge page.   |
| 11. Account Information a. Financial Institution Full Name  BB+T b. Purpose  | 8. Number of F   | undraisers this  | Report   | Special  | 1==                               | ***   | · -y · · · .   |  | Contract                           |   |
| a. Financial Institution Full Name  BB+T  b. Purpose   | The second section of the sect | 0  | The second control of  |  |                                   |   | - Albert   |  |                                    |   |
| BB+T  b. Purpose  CACCOUNT CODE  CHAINT THE ACCOUNT  FOR GLAW BERNHARD  FOR VI, WALL COUNT  I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.  CLEW BLINHO  Printed Name of Signer  Signature of Appointed Treasurer  Date  FOR OFFICE USE ONLY  Date Received:  Date Postmarked:  Employee:  Date Scanned:  Date Scanned:  Employee:  Date Data Entered:  Employee:  Date Signer has not received mandatory training  Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.   |  | The state of the s | E Comment  |  |                                   | ,   | Charles Long St. Cont.   |  |                                    |   |
| Delivery Method  Date Postmarked:  Employee:  Employee: | a. Financiai institu   | fion Full Ivanie   | ing the state of t | Tour .   | a. Financiai ios                  | stitution run 14  | ame  |  | <del></del>                        |   |
| CERTIFICATION  I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.    Claim   Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.    Claim   Committee    | 130+1  | <u> </u>   |  |  | <u> </u>                          |   |  | **   | 44 - 1 14 1 <u> </u>               |   |
| CERTIFICATION  |  |  | c. Account Code  |  | b. Purpose                        | Name of the state |  | c. Account Co                                    | de                                 |   |
| CERTIFICATION  I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.    Clear Complete   Comple | GAR GLANN  | RERUHARD   | The state of the   | $\tau_{i}$   |                                   | F5.   |  | and the second                                   | . 1                                |   |
| CERTIFICATION  I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.    Chark Zerning  | 2 10 10 10 10 10 10 10 10 10 10 10 10 10   |  | d. Period Begin Ba   | alance   |                                   |   |  | d. Period Begi                                   | n Balance                          |   |
| I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.    Color of Elections  | Mara garas   | an alah di Makana<br>Makanan di Makana   | \$ 8,89  |  | in the second                     |   |  | \$   | <del>Tall</del> a.<br>Organization |   |
| of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.    Claw Earlier   Signature of Appointed Treasurer   Date  | CERTIFICATI  | <b>ON</b>  |  |  |                                   | 4/ 17 July 1984   |  |  | 1 1 1 1                            | 100   |
| Printed Name of Signer    Date   Delivery Method   Delivered Mail  |  |  |  |  |                                   |   |  |  |                                    |   |
| Printed Name of Signer   Signature of Appointed Treasurer   Date   |  |  |  |  |                                   |   |  | nds. I further                                   | certify that                       | t this  |
| Date Received: 10-22-19 Employee: Delivery Method Date Postmarked: Employee: Registered Mail Date Scanned: Employee: Employee: Electronically Filed Date Data Entered: Employee: Signer has not received mandatory training  Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.   | report is comple   | te, true and correc  | t and that I have be   | en trained by  | the NC State E                    | 3oard of Elech  | ions.  |  | 1                                  |   |
| Date Received: 10-22-19 Employee: Delivery Method Date Postmarked: Employee: Registered Mail Date Scanned: Employee: Employee: Electronically Filed Date Data Entered: Employee: Signer has not received mandatory training  Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.   | Cyleun is  | ERNHARD  |  | Glen   | Benh                              | and !   | ›<br>  | 10/0   | 12/19                              | . j . jo  |
| Date Received:  Date Postmarked:  Employee:  Date Postmarked:  Date Scanned:  Date Scanned:  Date Data Entered:  Employee:  Employee:  Employee:  Date Data Entered:  Employee:  Date Data Entered:  Date Data Entered:  Employee:  Date Data Entered:  Date Data Entered:  Date Data Entered:  Date Data Entered:  Employee:  Date Data Entered:  Date Data Entered:  Date Data Entered:  Date Data Entered:  Employee:  Date Data Entered:  Employee:  Date Data Entered:  Date Data Entere | ta sarrom and the same contribution  |  | iei /  | Sig  | mature of Appoin                  | ited Treasurer  |  | · · · · · · · · · · · · · · · · · · ·            | Date                               |   |
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| Date Scanned:  Date Scanned:  Employee:  Employee:  Date Data Entered:  Employee:  Employee:  Signer has not received mandatory training  Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.  | Date Receiv  | red: <u>10-</u>  | 27-14  | Employ   | yee JYN                           |   |  | Normal Mai                                       | Ī                                  |   |
| Date Scanned: Employee: Electronically Filed  Date Data Entered: Employee: Signer has not received mandatory training  Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.   | Date Postma  | arked:   |  | Employ   | yee:                              |   |  | Hand Delive                                      | ered                               |   |
| Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.  | Date Scanne  | ed:  |  | Employ   | yee:                              |   | _  |  | •                                  |   |
| assistant treasurer, custodian of books information, or account information.   | alang terlepada and a graph with a settle page and a   | garrian minimizaryes—equinion or in yespet   |  | erene eren jaar 1900 tele  | inak i sari esargram sari gijiji. |   |  | mandatory tr                                     | raining                            | Anno 1880 de la Marie de l<br>Anno 1880 de la Marie de la |
|  | Please No  |  |  |  |                                   |   |  |  | ss, treasur                        | er,   |
|  | Y  |  | ·  |  |                                   |   |  |  | 2                                  |   |

| <b>Detailed Summary</b>  |                          |                             | Amendment Yes Z-No        |        |
|--|--------------------------|-----------------------------|---------------------------|--------|
| Use this form to summarize all disclosure reporting forms and  |                          |                             |                           |        |
| 1. Committee Full Name (and Fund if applicable)                | 2. Type of               | Report 3.                   | ID Number                 |        |
| GLANN BERNHARD FORVILLAGE COUNCIL                              | A CONTRACT               |                             |                           |        |
| Start of Election Cycle: January 1, <u>2019</u>                | e volgere<br>Faktor i ja | Total this Reporting Period | Total this Election Cycle |        |
| 4) Cash on Hand at Start                                       |                          | \$ 8,89                     | \$                        |        |
| RECEIPTS   |                          |                             |                           |        |
| 5) Aggregated Contributions from Individuals                   | (CRO-1205)               | \$                          | \$                        |        |
| 6) Contributions from Individuals                              | (CRO-1210)               | \$ 250,00                   | \$ <b>5089</b> .48        |        |
| 7) Contributions from Political Party Committees               | (CRO-1220)               | \$                          | \$                        |        |
| 8) Contributions from Other Political Committees               | (CRO-1230)               | \$                          | \$                        |        |
| 9) Loan Proceeds   | (CRO-1410)               | \$                          | \$                        |        |
| 10) Refunds/Reimbursements to the Committee                    | (CRO-1240)               | \$ 12 2 2 2 2 2             | \$                        |        |
| 11) Other Receipt Sources                                      |                          |                             |                           |        |
| 11a) Interest on Bank Accounts                                 | (CRO-1250)               | \$                          | \$                        |        |
| 11b) Contributions from Not-For-Profit Organizations           | (CRO-1250)               | \$                          | \$                        |        |
| 11c) Outside Sources of Income                                 | (CRO-1250)               | \$                          | \$                        |        |
| 11d) Legal Expense Fund - Other Sources                        | (CRO-1270)               | \$                          | \$                        |        |
| 11e) Exempt Purchase Price Sales                               | (CRO-1265)               | \$                          | \$                        |        |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,    | 11d and 11e)             | \$ 25 20.00                 | \$ 5089.48                |        |
| EXPENDITURES   |                          |                             |                           |        |
| 13) Disbursements  |                          |                             |                           |        |
| 13a) Operating Expenditures                                    | (CRO-1310)               | \$ 2620.00                  | \$ 2500000                | 5031~( |
| 13b) Contributions to Candidates/Political Committees          | (CRO-1310)               | \$ 223                      | \$                        |        |
| 13c) Coordinated Party Expenditures                            | (CRO-1310)               | \$                          | \$                        |        |
| 14) Aggregated Non-Media Expenditures                          | (CRO-1315)               | \$                          | \$                        |        |
| 15) Loan Repayments  | (CRO-1420)               | \$                          | \$                        |        |
| 16) Refunds/Reimbursements from the Committee                  | (CRO-1320)               | \$ 200                      | \$                        |        |
| 17) In-Kind Contributions                                      | (CRO-1510)               | \$                          | \$ 49.48                  |        |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1         | 5, 16 and 17)            | \$                          | \$ 5080.59                |        |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then sub | otract line 18)          | \$ 8.89                     | \$ 8.89                   |        |
| <u>ADDITIONAL INFORMATION</u>                                  | ing granten.             |                             |                           |        |
| 20) Non-Monetary Gifts Given to Other Committees               | (CRO-1330)               | \$,                         |                           |        |
| 21) Outstanding Loans (incl. ones from other campaigns)        | (CRO-1430)               | Barrie Land                 |                           |        |
| 22) Debts and Obligations owed by the Committee                | (CRO-1610)               | \$                          |                           |        |
| 23) Debts and Obligations owed to the Committee                | (CRO-1620)               | \$                          |                           |        |
| 24) Account Transfers Within the Committee                     | (CRO-1720)               | \$                          |                           |        |
| 25) Administrative Support                                     | (CRO-1710)               | \$                          | \$                        |        |
| 26) Forgiven Loans   | (CRO-1440)               | \$                          | \$                        |        |
| 27) 48-Hour Notice Reports Sum                                 | (CRO-2220)               | \$                          | \$                        |        |
| 28) Contributions to be Refunded                               | (CRO-1215)               | \$                          | \$                        |        |
| CRO-1100 NC State Boar   | rd of Elections          |                             | August 2008               | •      |

|                                |  | om Individua   |                              | Pg   |  | [                | Yes                                     | √Z No  |
|--------------------------------|--|--|------------------------------|--|--|------------------|---|--|
|                                |  | ndividual contribution   |                              | ontributions unde  | ··   |                  |   | sed  |
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| Aug Name of the same           | ame, Maning Addre<br>le city, state, & zip)  | ss & Filone  |                              | D. JOD THEFT TOTES   | 34011  | 46,300           | 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | STANCE OF THE STANCE   |
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| 3 SH                           | ADOW DRIV  | K  | ,                            | c. Employer's Nan  | ъе/Зресите в гета  |                  |   |  |
| WHISH                          | PERLING PINK   | S NC 283   | 27                           |  | : .  | e. El            | ection Sum to                           | Date   |
|                                |  |  |                              |  | . •  | \$               | - 31 - * 1 * 3 · 1                      | ·  |
| f. Prior                       | g. Account Code  | h. Form of Payment   | i. In-Kind Descrip           | tion ( )   | j. Date (mm/dd/yy)   | ( <b>y</b> )     | k. Amount                               | 差  |
|                                | <i>[ [ ]</i>   | FUNDS TRANSPER   | _                            |  | 10/1/19  |                  | \$ 256                                  | 20.00  |
|                                |  |  |                              |  |  |                  | \$                                      |  |
|                                |  |  |                              |  |  |                  | \$                                      | 7 - A  |
| 3. Cont                        | ributor Inform   | ation ( * ) ( * )  |                              | Add 🕍 🗖 Rei  | nove   |                  |   |  |
| CARAGEORY ASS.                 | ame, Mailing Addre   | ess & Phone  | aranagada<br>Nasarija        | b. Job Title/Profes  | sion   | d. Co            | omments                                 |  |
| LIBCLUO                        | le city, state, & zip)   |  |                              | :  |  |                  |   |  |
| Ž1 1                           |  |  |                              | c. Employer's Nan  | né/Specific Field  | •                | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   | ÷į.  |
| i di<br>Januar                 |  |  |                              | 3.77   |  | e. El            | ection Sum to                           | Date   |
|                                |  | · · · · · · · · · · · · · · · · · · ·  |                              |  |  | \$               |   |  |
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|                                | O College State of the College | and the second s | Agreent Union to the Control | ar yan a daara ee ah   | 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  | 7                | \$                                      |  |
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| 3 Con                          | ributor Inform   | l<br>Hon   |                              | Add & Ren  | ДоУе∕⊹   |                  |   |  |
| a. Full N                      | ame, Mailing Addre   | ess & Phone  |                              | b. Job Title/Profes  | CMASSA 在2000年10年10日 中央 日本日本日本日本日本日本日本日本日本日本日本日本日本日本日本日本日本日本日本  | d. C             | omments 7.                              | KI KANDA LIJAN   |
| (includ                        | le city, state, & zip)   |  |                              |  |  |                  | ·                                       | in a company   |
| 4:                             |  |  |                              | c. Employer's Nan  | ne/Specific Field  |                  |   |  |
|                                |  |  |                              |  |  | e. El            | ection Sum to                           | Date   |
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| f. Prior                       | g. Account Code  | h. Form of Payment   | i. In-Kind Descrip           | tion   | j. Date (mm/dd/yy  | /y)              | k. Amount                               | www.   |
|                                |  |  |                              |  |  |                  | \$                                      |  |
|                                |  |  |                              |  |  |                  | \$                                      |  |
|                                |  |  |                              |  |  |                  | \$                                      |  |
| 4. Tot                         | al only this P   | age  |                              |  |  | \$               |   | •  |
|                                |  | RO-1210 Pages  | uge CRO-1100)                |  |  | \$               | 250                                     | 10.00  |
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| Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committee by the continued party expenditures    Committee bill Name (and Fund Fund fund fund fund fund fund fund fund f   | Committees and coordinated party expenditures  I Committee Full Name (and Fund if applicable)    Committee Full Name (and Fund if applicable)  | ach type of Disburs.  Coording   | to candidate/political  2. ID Number  ement.)  ated Party Expenditures  |
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| Committee Full Name (and Ruth if applicable)   Caure      | Committee Full Name (and Fund if applicable)   | Coordina Remove  | ement.)  ated Party Expenditures  |
| Type in (Disburgament   Counter         | Step of Disbursement   Please ase separate CRO-1310 forms for   Operating Expenses   Contributions to Candidates/Political Committed   Operating Expenses   Contributions to Candidates/Political Committed   Operating Expenses   Ontributions to Candidates/Political Committed   Operating Expenses   Ontributions to Candidates/Political Committed   Operating Expenses   | Coordina Remove  | ated Party Expenditures   |
| Comments   Confidence   Comments   Comment      | 3. Type of Disbursement   Clease use separate CRO-1310 forms for   Operating Expenses   Contributions to Candidates/Political Committed   Contributions to Candidates/Political Committed   Contributions to Candidates/Political Committed   Contributions to Candidates/Political Committed   Contributions   Contributions  | Coordina Remove  | ated Party Expenditures   |
| Opening Expenses  | □ Operating Expenses □ Contributions to Candidates/Political Committ 4. Payee Information a. Full Name, Mailing Address & Phone (include city, state, & zip)  CLEVER 3 SHAODW ORUN (include City, state, & zip)  C. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyy  4. Payee Information a. Full Name, Mailing Address & Phone (include city, state, & zip)  C. Level R C. Coordin (include city, state, & zip)  C. Level R C  | Coordina Remove  | ated Party Expenditures   |
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| * Codes require detailed explanation in required remarks field (k)  NC State Board of Elections December 2009   | CRO-1310 NC State Board of Elect   | \$ Remove ed Committee Name  stered (Specify) County: Municipality  j. Amount \$ \$  Less  D-To An H*- Hold  | d. Comments  e. Election Sum to Date  \$ Required Remarks  \$  \$  4520.00  other Candidate ling Public Office Expenses |